



AUSTRALIAN ASSOCIATION OF STOMAL THERAPY NURSES INC.

ABN 16 072 891 322

Irrigation Kit Authorization Form

I give
(Stomal Therapy Nurses Name (STN))

.....
(Patient Name)

Authority to collect an initial irrigation set/ conseal plugs (circle relevant item) from their association.

The above mentioned patient has received education from or has agreed to return to the above mentioned stomal therapy nurse for education and training on irrigation or use of conseal plug before attempting to use these items.

The stomal therapy nurse has consulted with the relevant surgeon who agrees irrigation is appropriate for this patient.

STN'S Signature Patients Signature

Date

Note: The above must be ordered within two months of application issue date

OSTOMY ASSOCIATION

Patients Name

Patient membership number

Signature of distribution person

Date